SCHEDULES A & B Form N-15 (Rev. 1996)

STATE OF HAWAII — DEPARTMENT OF TAXATION

Schedule A—Itemized Deductions

(Schedule B is on back)
➤ Attach to Form N-15. See Instructions for Schedules A and B (Form N-15)

Name(s) as shown on Form N-15				Your S	Your Social Security Number	
Madical		Caution: Do not include expenses reimbursed or paid by others				
Medical	1	Medical and dental expenses. (See page 19 of the Instructions)	1			
and	2	Multiply line 1 by the Hawaii percentage (Form N-15, line 34a)	2			
Dental	3	Multiply the amount on Form N-15, line 32, Column B by 7.5% (.075).	3			
Expenses	4	Line 2 minus line 3. If zero or less, enter zero. Enter the result here and	on Form N-15,			
		line 34b. Total medical and dental expenses. (Whole dollars only)		4	00	
Taxes You	5	Hawaii income taxes	5			
Paid	6	Real estate taxes paid on property located in Hawaii	6			
raiu	7	Other taxes. (List)				
(See page 20 of		```	7			
the Instructions.)	8	Add the amounts on lines 5 through 7. Enter the total here and on Form	N-15, line 34c.			
		Total taxes. (Whole dollars only)		▶ 8	00	
Interest You Paid		Caution: Enter only home mortgage interest secured by a property located in Hawaii and points paid thereon.				
raiu	9a	Home mortgage interest and points reported to you on federal Form 1098	9a			
(See page 20 of	b	Home mortgage interest not reported to you on federal Form 1098. (If				
Hawaii Instructions and federal		paid to an individual, show that person's name and address) >				
Instructions.)			9b			
,	10	Points not reported to you on federal Form 1098 (See federal				
Note: Personal		Instructions for special rules.)	10			
interest is no	11	Investment interest from property having situs in Hawaii. (See Instructions)	11			
longer deductible.	12	Add the amounts on lines 9a through 11. Enter the total here and on Form	m N-15, line 34d.			
		Total interest expense. (Whole dollars only)		▶ 12	00	
Gifts to	13	Gifts by cash or check (If any gift of \$250 or more, see Instructions)	13			
	14	Other than by cash or check. (If any gift of \$250 or more, see				
Charity		Instructions) (Attach required statement if over \$500)	14			
(See page 21 of	15	Carryover from prior year	15			
the Instructions.)	16	Add the amounts on lines 13 through 15	16			
	17					
		Form N-15, line 34e. Total contributions. (Whole dollars only)		▶ 17	00	
Casualty and	18	Total casualty and theft loss(es) on property located in Hawaii (attach federal Form 4684).	(See page 21 of the			
Theft Losses		Instructions) Enter total here and on Form N-15, line 34f. (Whole dollars only)		▶ 18	00	
	19	Unreimbursed employee business expenses—related to a job whose income is subject				
Miscellaneous		to taxation in Hawaii. (You must attach federal Form 2106 if required)	19			
Deductions	20a	Other expenses allowed in full by Hawaii (list type and amount)➤				
Subject to 2%			20a			
AGI Limit	20 b	Other expenses not allowed in full by Hawaii (list type and amount)				
		20b				
(See page 22 of		Multiply line 20b by the Hawaii percentage (Form N-15, line 34a)	20c	+		
the Instructions.)	21	Add the amounts on lines 19, 20a, and 20c.	21	+		
	22	Multiply the amount on Form N-15, line 32, Column B, by 2% (.02)	22	_		
	23	Line 21 minus line 22. (Enter the result here, but not less than zero)	23			
Other	24a	Other expenses allowed in full by Hawaii (list type and amount) ➤				
Miscellaneous			24a			
Deductions	24b	Other expenses not allowed in full by Hawaii (list type and amount)				
	25	Multiply line 24b by the Hawaii percentage (Form N-15, line 34a)	25			
Total Miscellaneous	26	Add the amounts on lines 23, 24a and 25. Enter the total here and on Fo	orm N-15, line 34g.			
Deductions		Total miscellaneous deductions. (Whole dollars only)		► 26	00	

Total Itemized **Deductions**

Note: If your Hawaii adjusted gross income (Form N-15, line 33) is more than \$100,000 (\$50,000 if married filing separately), you may not be able to deduct all of your itemized deductions on Form N-15, line 34h. See page 15 of the Instructions.

Name(s) as shown on Form N-15 (Do not enter name and social security number if shown on other side)

Your Social Security Number

. [Interest Income		Amount	
1 ncome 1	Interest income from seller-financed mortgages on properties located in Hawaii. (See Instructions and list name of payer)	1		
etions.) aderal NT.	Other interest income taxable to Hawaii. (List name of payer)			
DID, or latement, rage latemeris payer latetal				
hown on				
		2		
3 If	Add the amounts on lines 1 and 2. Enter the total here and on Form N-15, line 8. (Whole dollars only)	3 stock,		00
lf ·				00
II-	you received more than \$400 in gross Hawaii taxable dividends and/or other distributions on you received dividends as a nominee for another, see Instructions.		, complete Part II.	00
If if	you received more than \$400 in gross Hawaii taxable dividends and/or other distributions on you received dividends as a nominee for another, see Instructions. Dividend Income Dividend income. (List name of payer—include on this line capital gain distributions,		, complete Part II.	00
II- end me 23 of tions.)	you received more than \$400 in gross Hawaii taxable dividends and/or other distributions on you received dividends as a nominee for another, see Instructions. Dividend Income Dividend income. (List name of payer—include on this line capital gain distributions,		, complete Part II.	00
II- end me 23 of tions.)	you received more than \$400 in gross Hawaii taxable dividends and/or other distributions on you received dividends as a nominee for another, see Instructions. Dividend Income Dividend income. (List name of payer—include on this line capital gain distributions, nontaxable distributions, etc.)	stock,	, complete Part II.	00
II- end me 23 of tions.) deral DIV, or atement, rage irm's payer e total own on	you received more than \$400 in gross Hawaii taxable dividends and/or other distributions on you received dividends as a nominee for another, see Instructions. Dividend Income Dividend income. (List name of payer—include on this line capital gain distributions, nontaxable distributions, etc.)	a stock,	, complete Part II.	00
II- end me 23 of tions.) deral DIV, or atement, rage irm's payer e total	you received more than \$400 in gross Hawaii taxable dividends and/or other distributions on you received dividends as a nominee for another, see Instructions. Dividend Income Dividend income. (List name of payer—include on this line capital gain distributions, nontaxable distributions, etc.) Add the amounts on line 4. Enter the total here. Capital gain distributions. Enter here and on Schedule D, line	stock,	, complete Part II.	00
II- end me 23 of titions.) Ideral DIV, or atement, rage irm's payer e total own on	you received more than \$400 in gross Hawaii taxable dividends and/or other distributions on you received dividends as a nominee for another, see Instructions. Dividend Income Dividend income. (List name of payer—include on this line capital gain distributions, nontaxable distributions, etc.)	a stock,	, complete Part II.	00